Teacher Signature Program Data Collection System

Preview of PRO0F Screens

PRO0F Build 1 - Business Areas

❑ **Program Setup**

- View information about the State Signature Program
- Understand the reporting requirements of the State
- Define data elements specific to County needs

❑ **List Administration**

- Designate contacts within the County

❑ **Program Operations**

- Submit required reports to the State
- List participants within a program

❑ **Participants**

- Setup a participant
- Manage a participant within each Program

PRO0F Screens – Program Setup

❏ **Program Profile**
  ▪ State Signature Program Start and End Dates
  ▪ Program Focus

❏ **Program Requirements**
  ▪ Required Report Submissions

❏ **County Setup**
  ▪ Fiscal Year Allocations and Budgets
  ▪ Lead Agency and Designation of Components
  ▪ Local Area Agreements
  ▪ Partners and Contacts
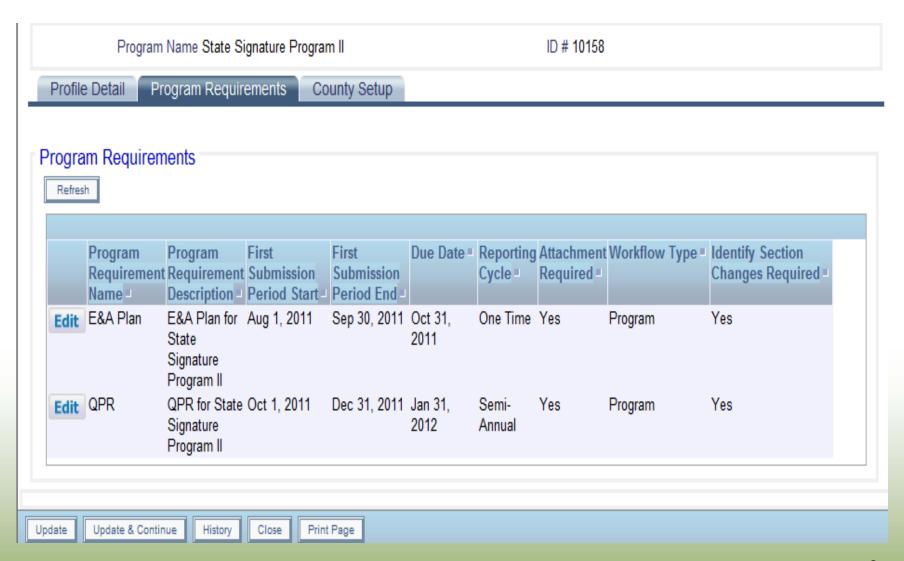 ▪ County Specific Fields

Program Setup

FIRST 5 CALIFORNIA

| Profile Detail | Program Requirements | County Setup |

Program Profile
* Program Name **State Signature Program II**
* Program Description **State Signature Program**
* Program Type **State Signature Program**
* Program Status **Active**
* Program includes Phase **Yes**
I (planning and development)
* Phase I Start **Jul 1, 2011**   * Phase I End **Jul 31, 2011**
* Phase II Start **Aug 1, 2011**   * Phase II End **Jul 31, 2013**
Program Start **Jul 1, 2011**   Program End **Jul 31, 2013**

Commission Approval
* Total Authority **35,000,000**
Agenda Item Number **100**
Commission Approval Date **Jun 1, 2011**

Program Focus
Strategic Goal **1 Focus on Policy Development: Implement a comprehensive policy agenda that elevates...**
Strategies **1.1 Affiliations - Increase the number and depth of state and national partnerships and...**
* Service / Result Area **Child Development Early Education Program**

Solicitation
Solicitation Type **Request for Funding**
* Release Date **Apr 1, 2011**
* Award Date **May 1, 2011**

First 5 California Program Owners

There are no related items

Program Documents

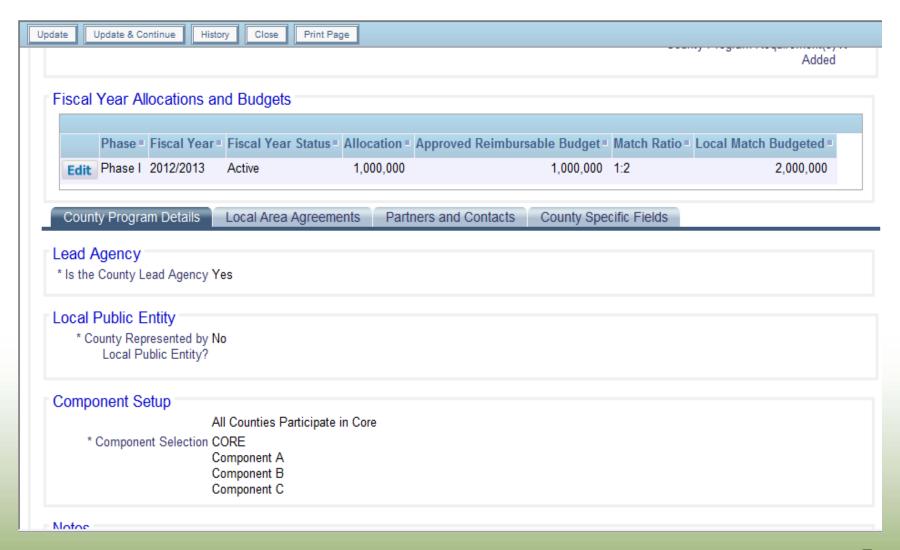| Attach (Click button to add.)	Document Name	Version	Date

Add another row

Program Setup – Reporting Requirements

FIRST 5 CALIFORNIA

| | Program Name State Signature Program II | | | ID # 10158 | | | | | |

| Profile Detail | Program Requirements | County Setup |

Program Requirements

Refresh

	Program Requirement Name	Program Requirement Description	First Submission Period Start	First Submission Period End	Due Date	Reporting Cycle	Attachment Required	Workflow Type	Identify Section Changes Required
Edit	E&A Plan	E&A Plan for State Signature Program II	Aug 1, 2011	Sep 30, 2011	Oct 31, 2011	One Time	Yes	Program	Yes
Edit	QPR	QPR for State Signature Program II	Oct 1, 2011	Dec 31, 2011	Jan 31, 2012	Semi-Annual	Yes	Program	Yes

Update | Update & Continue | History | Close | Print Page

Program Setup – County Program Details

FIRST5 CALIFORNIA

| | | Update | Update & Continue | History | Close | Print Page | |

County Program Requirement(s) ...
Added

Fiscal Year Allocations and Budgets

	Phase	Fiscal Year	Fiscal Year Status	Allocation	Approved Reimbursable Budget	Match Ratio	Local Match Budgeted
Edit	Phase I	2012/2013	Active	1,000,000	1,000,000	1:2	2,000,000

| County Program Details | Local Area Agreements | Partners and Contacts | County Specific Fields |

Lead Agency
* Is the County Lead Agency Yes

Local Public Entity
* County Represented by No
  Local Public Entity?

Component Setup
All Counties Participate in Core
* Component Selection CORE
  Component A
  Component B
  Component C

Notes

Program Setup – Partners & Contacts

County Representative Contacts

	Organization	Contact Name	Title	Fiscal	Program	Evaluation	Executive Director	Receive Reminders?	Address	Contact Primary Phone	Primary Email Address
Edit	Alameda County Commission	Josh Letterman	Manager of Programs	Y	N	Y	N	N		(946) 551-1255	JLetterman@alameda.org

Funding Partners

	Organization	Contact Name	Title	Address	Contact Primary Phone	Primary Email Address	Account Code	Funding Type
Edit	Alameda Preschool Funding	Jesse Smith	CPA		(213) 423-5452	Accounting@accoutning.com	124587	Proposition 10 county tax revenue

Consortium Partners (Non-Funding Partners)

	Organization	Contact Name	Title	Address	Contact Primary Phone	Primary Email Address
Edit	First 5 Alameda	Eve Gardner	DIrector		(869) 608-6087	Eve@department.com

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Program Setup – County Specific Fields

County Specific Field Labels

Date Field Labels

User Defined Date Field 1	Alameda Date 1
User Defined Date Field 2	Alameda Date 2
User Defined Date Field 3	
User Defined Date Field 4	
User Defined Date Field 5	
User Defined Date Field 6	
User Defined Date Field 7	
User Defined Date Field 8	
User Defined Date Field 9	
User Defined Date Field 10	

Number Field Labels

User Defined Number Field 1	Alameda No. 1
User Defined Number Field 2	
User Defined Number Field 3	
User Defined Number Field 4	
User Defined Number Field 5	
User Defined Number Field 6	
User Defined Number Field 7	
User Defined Number Field 8	
User Defined Number Field 9	
User Defined Number Field 10	

Text Field Labels

User Defined Text Field 1	Alameda Text 1
User Defined Text Field 2	Alameda Text 2

Buttons: Update | Update & Continue | History | Close | Print Page

PRO0F Screens – List Administration

❑ **Organization**

- Organization Type and Profile
- Location (s)
- Contact(s)
- Notes

List Administration

List Administration

Organization Address

	Location Name	Mailing Address	Street 1	Street 2	City	State	Zip	County
Edit	Location - West Side	Y	123 Main Street		Oakland	CA	95888	Alameda

Add another row

Organization Contacts

	First Name	Last Name	Title	Executive Director	Department	Contact Primary Phone	Primary Email Address
Edit	Joanna	Smith		Y		(508) 699-2457	jsmith@myalameda.org

Add another row

Notes

Organization Notes

Edit   Jul 20, 2011 TESTALAMEDA

notes on my county commission

PRO0F Screens – Participant Information

☐ **Participant Profile**

- ▪ Demographics

☐ **Program Participation**

- ▪ Participation Status
- ▪ Components Applied For and Approved For
- ▪ Work History
- ▪ Education
- ▪ Notes
- ▪ County Specific Fields

Participant Information

Program Participation

Program Participation – Work History

Work Facility

Facilty Description

Work Facility Name `My Work Facility`

Director / Operator Last Name `Lewis`

Director / Operator First Name `Michael`

Setting Type `Center ▼`

Center Type `Public ▼`

Accreditation Type `Local Accreditation ▼`

Licensing Status `Licensed ▼`

Program Number (license) `C3243`

License Program Type `Other ▼`

Priority Zone Status `Low API ▼`

Typical Hours of Operation
```
* None *
> M-F between 7 AM and 6 PM
M-F between Midnight and 5 AM
M-F between 5 AM and 6 PM
```

Months of Operation per Year `12 ▼`

Ages Served at Facility
```
Birth to 23 months
2 Years to 2 Years 11 Months
```

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Program Participation - Education

Highest Level of Education [* None * ▼]

Field of Bachelor's Degree [* None * ▼]

Degree from Foreign Education ○ Yes ○ No

Teaching Credential [* None * ▼]

ECE/CD Units Prior to Entry [　　　　]

Professional Growth Hours in last 5 years [　　　　]

Permit Most Recently Acquired [* None * ▼]

Permits Applied for but not yet Received [* None * ▼]

First Aid Training ○ Yes ○ No

CPR Certification ○ Yes ○ No

[Update] [Update & Continue] [History] [Close] [Print Page]

Program Participation – County Fields

PRO0F Screens – Participant Information

❑ **Program Activities**
  ▪ CORE
  ▪ Component A
  ▪ Component B
  ▪ Component C
  ▪ Component D
❑ **CLASS Assessment**

Program Activities

Program Activities - CORE

Program Activities – Component A

Program Activities – Component B

Program Activities – Component C

Program Activities – Component D

Program Activities – CLASS Assessment

Reports

- ❑ **Participant Checklist**
- ❑ **CLASS Scores Assessment**
- ❑ **Stipends by Component**
- ❑ **Participant Demographic Counts by Program**
- ❑ **Number of Participants in Component B by Core 8 Category**
- ❑ **Participant Export Report**

Additional information on each report can be found on the PRO0F Project website:
http://www.ccfc.ca.gov/evaluation/PDF/pro0f/PRO0F_Standard_Reports.pdf

Help

□ **Comprehensive Online Help**

- ▪ Hover Help
- ▪ Field Level
- ▪ Context Sensitive
- ▪ User Guide
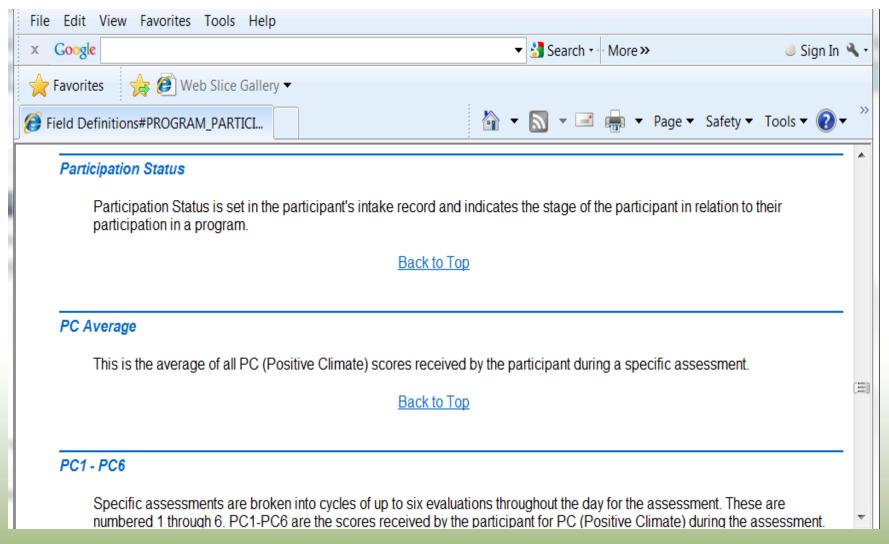- ▪ Quick Reference Guides
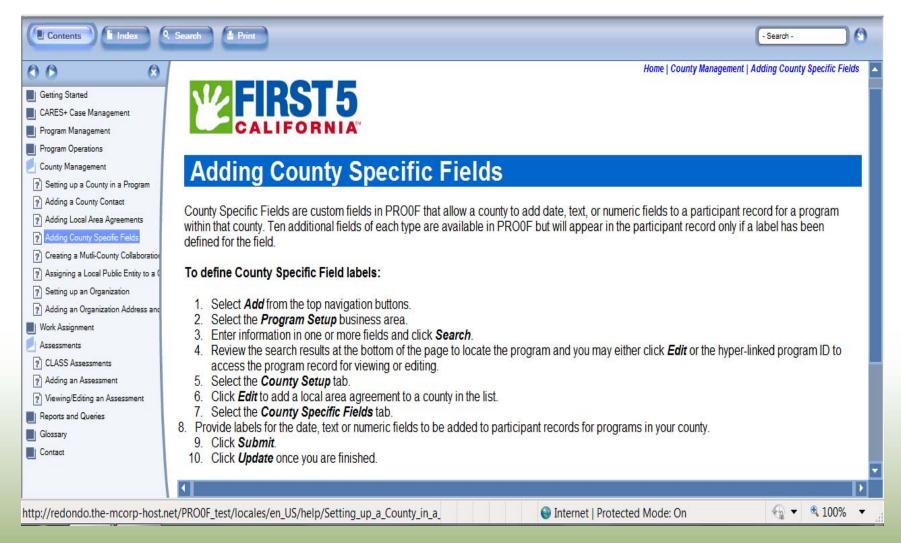- ▪ Online Videos

□ **Help Desk Support**

Online Help – Hover Help

Online Help – Field Level Help

Online Help – User Help

Security

❑ User Roles

- County Super User
- County Program Manager
- Participant Data Entry
- Advisor
- Assessor (Locally or State Funded)

Security – User Roles

Role	Description
County Super User	• Allows the county user to access all county functions with the PRO0F system. • Allows the user to manage their county's ○ Program ○ Participants ○ Required report submissions.
County Program Manager	• Supports the county user who is only responsible for county program management. • Allows the user to manage information on their county(s) program data and required report submissions. • Allows the user to view participant data.
Participant Data Entry	• Supports the county user or designee who is only responsible for participant management. • Allows the user to manage their county(s) participant data. • Restricts the user from program management and operations.

Security – User Roles (continued)

Role	Description
Advisor	• Allows the county to limit access within the PRO0F system to specific participant records. • Restricts the Advisor to his/her assigned participant records only.
Assessor (Locally or State Funded)	• Allows the Assessor to report participant CLASS evaluation scores. • Allows the Assessor to manage participant CLASS assessments across the county while restricting his/her access to participant data.

PRO0F System – In Progress

❑ **User Acceptance Testing**

❑ **User ID Requests**

❑ **Training**